

Grant Application Form

2007 U.S. Department of Labor - Michigan Department of Agriculture

Incomplete applications will not be considered for funding. If you have questions, feel free to contact your regional MLH sanitarian

A. Applicant

Name

Street Address

City, State, Zip

Phone Number

B. Construction Location

Camp ID or Name

Street Address

City, State, Zip

C. Housing Construction

Site Evaluation

Housing to be Removed

☐ yes ☐ no

New Water Supply

☐ yes ☐ no

New Septic

☐ yes ☐ no

Permits / Evaluations

☐ yes ☐ no

Begin Construction

End Construction

Number of Units

Single Family

Duplex

Mobile Home

Motel

Total Square Feet

Est. **Total** Costs

D. Work Availability

Crops Produced or Processed	Acreage	Housing Occupancy	
		Begin	End

E. Application Submission and Verification

Signature & Date